

Doc

PTO/SB/21 (09-04)

Approved for use through 07/31/2006, OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/829,117
Filing Date	April 20, 2004
First Named Inventor	Mathieu Lion, et al.
Art Unit	3652
Examiner Name	TBA
Total Number of Pages in This Submission	Attorney Docket Number 25402-006

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Request for correction of inventorship in a patent application; Statement of Colin Field for Correction of Inventorship in a patent application and return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Cowan Liebowitz & Latman, P.C.		
Signature			
Printed name	Mark Montague		
Date	May 16, 2005	Reg. No.	36,612

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

Signature			
Typed or printed name	Mark Montague	Date	May 16, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Doc Code:

MAY 19 2005

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
for FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** **\$130.00****Complete if Known**

Application Number	10/829,117
Filing Date	April 20, 2004
First Named Inventor	Mathieu Lion, et al.
Examiner Name	TBA
Art Unit	3652
Attorney Docket No.	25402-0006

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Deposit Account Number: 03-3415 Deposit Account Name: Cowan Liebowitz & Latman

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	\$50.00	= _____ \$0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	\$200.00	= _____ \$0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

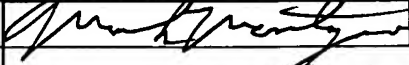
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50	_____ (round up to a whole)	x \$250.00	= _____ \$0.00

4. OTHER FEE(S)

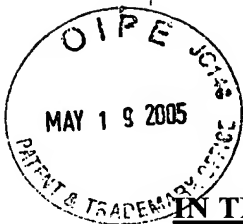
Non-English specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Request/Petition**\$130.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	36,612	Telephone	212-790-9200
Name (Print/Type)	Mark Montague		Date	May 16, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Ref: 25402-006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mathieu Lion, et al.

Group Art Unit: 3652

Serial No.: 10/829,117

Examiner: TBA

Filed: April 20, 2004

For: **MULTI-PURPOSE ICE TONGS**

Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

**Statement of Colin Field for Correction of Inventorship in
a Patent Application, Pursuant to 35 U.S.C. § 116**

SIR:

I, **COLIN FIELD**, of **Romainville, France** hereby state that I am an inventor of the above-identified application and that I was omitted from the originally filed application without deceptive intent on my part.

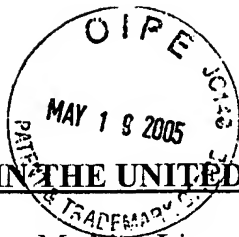
I hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statement and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Dated: 24/03/, 2004⁵

By: _____

Colin Field

(city, country of execution)



Attorney Ref: 25402-006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Mathieu Lion, et al.

Group Art Unit: 3652

Serial No.: 10/829,117

Examiner: TBA

Filed: April 20, 2004

For: **MULTI-PURPOSE ICE TONGS**

Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

**REQUEST FOR CORRECTION OF INVENTORSHIP IN A PATENT APPLICATION,
PURSUANT TO 35 U.S.C. § 116**

SIR:

In accordance with 37 CFR 1.48(a), the undersigned attorney of record hereby requests that **COLIN FIELD**, be added as an inventor to the above-referenced application.

Mr. Field was omitted from the originally filed application through error and without deceptive intent.

Attached is a Statement of Lack of Deceptive Intent by the added inventor, a newly executed Declaration executed by all the inventors and the fee of \$130.00 under 37 CFR 1.17(i).


If any additional fee is required, please deduct same from Deposit Account No. 03-3415.

05/20/2005 RMEBRAHT 00000018 10829117

01 FC:1464

130.00 OP

Respectfully submitted,

By: 
Mark Montague
Reg. No. 36,612

COWAN, LIEBOWITZ & LATMAN, P.C
1133 Avenue of the Americas
New York, New York 10036-6799
(212) 790-9200

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed: Commissioner of Patents P.O. Box 1450, Alexandria, VA 22313-1450 , on May 16, 2005

Date of Deposit

Mark Montague

Attorney

Signature

May 16, 2005

Date of Signature

The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Account No. 03-3415.